

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 805 696

FILING DATE

03-13-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49	/					
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53		/				
54		/				
55		/				
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96						
97						
98						
99						
100						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	66	←		←		←
TOTAL CLAIMS	72					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS